

M23000015286

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H23000414903

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : API PROCESSING
Account Number : I20110000069
Phone : (954)567-0013
Fax Number : (954)567-3401

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Annette@apiprocessing.com

Foreign Limited Liability Company
SOLARSHIPS INSTALLATION SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FL

2023 DEC 15 AM 8:57

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLARSHIPS INSTALLATION SERVICES LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Annette Mota

Name of Person

API Processing-Licensing, Inc.

Firm/Company

3419 Galt Ocean Drive Suite A

Address

Fort Lauderdale FL 33308

City/State and Zip Code

annette@apiprocessing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette Mota

954

567-0013 x 12

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street Address:Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SOLARSHIPS INSTALLATION SERVICES LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. ARIZONA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-3532863

(FBI number, if applicable)

4. DECEMBER 2023

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3689 NW 15TH STREET

(Street Address of Principal Office)

6. 3689 NW 15TH STREET

(Mailing Address)

LAUDERHILL FL 33311

LAUDERHILL FL 33311

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

DARREN LOWHORN

Office Address:

3689 NW 15TH STREET

LAUDERHILL

(City)

Florida

33311

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Darren Lawhorn

Darren Lawhorn (Nov 15, 2023 11:54 MST)

(Registered agent's signature)

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TALLAHASSEE, FL

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>DARREN LAWHORN</u>	<input checked="" type="checkbox"/> Manager	Name: <u>BRADLEY VARGAS</u>
<input type="checkbox"/> Member	Address: <u>22652 S. 201ST STREET</u>	<input type="checkbox"/> Member	Address: <u>10910 E. STANTON WAY</u>
<input type="checkbox"/> Authorized	<u>QUEEN CREEK, AZ 85142</u>	<input type="checkbox"/> Authorized	<u>MESA, AZ 85212</u>
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: <u>CAMRON DELOACH</u>	<input checked="" type="checkbox"/> Manager	Name: <u>NATHAN BUTTERFIELD</u>
<input type="checkbox"/> Member	Address: <u>24 TERRA VALE CT</u>	<input type="checkbox"/> Member	Address: <u>4943 E. FELLARS DRIVE</u>
<input type="checkbox"/> Authorized	<u>THE WOODLANDS, TX 77381</u>	<input type="checkbox"/> Authorized	<u>SCOTTSDALE, AZ 85254</u>
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>PROCAPITAL HOLDINGS, LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>4943 E. FELLARS DRIVE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>SCOTTSDALE, AZ 85254</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Darren Lawhorn

Signature of an authorized person

DARREN LAWHORN

Typed or printed name of signer

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STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Solarships Installation Services LLC

ACC file number: 23337619

was incorporated under the laws of the State of Arizona on 02/21/2022, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 09/07/2023



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Douglas R. Clark, Executive Director